

- ⑧ If you are not proficient in English, please indicate the language in which you prefer we communicate with you.

Spanish

- ⑨ If you have problems understanding this form or any other question, contact CRCL:

E-mail: crcl@dhs.gov

Phone: Local: 202-401-1474 or

Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

Toll Free TTY: 866-644-8361

Fax: 202-401-4708

By U.S. Postal Service:

Department of Homeland Security

CRCL/Compliance Branch

245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

Note: Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

- ⑩ To submit this form by email, please save, attach, and send to crcl@dhs.gov. Please attach or send all information that supports your complaint, such as documents, photos, medical records, grievances, or witness statements.

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 202-401-4708, or email scans of your documents to crcl@dhs.gov, or mail to the address listed above.)

Keep a copy of this complaint for your records.

Privacy Act Statement

Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, the Office for Civil Rights and Civil Liberties (CRCL) is authorized to investigate complaints and information from the public about possible violations of civil rights or civil liberties related to DHS employees, programs, or activities. A federal law, called the Privacy Act, says we must explain how we protect your information while processing your complaint.

If your complaint is more appropriately handled by a different federal office, we will refer it to that office. In order to investigate your complaint, CRCL will disclose the information regarding your complaint to other appropriate DHS offices, including the Office of the Inspector General. CRCL may also disclose certain information from your complaint if we are required by law to do so or if there is no privacy impact. For example, we send reports to Congress every three months about complaints submitted by the public. Those reports describe the **types** of complaints, and **do not include personal information**. To read our past reports, go to www.dhs.gov/crcl.

To learn more about the Privacy Act go to the Federal Information Center, www.pueblo.gsa.gov.

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.

COMPLAINT AFFIDAVIT

My full and complete name is: (b)(6)

My assigned Alien number is: (b)(6)

I was detained by Border Patrol Agents at or near: Hidalgo, TX

I was detained by Border Patrol Agents on or about: April 25, 2014

My age at the time I was detained: 14 FINS #: (b)(6)

Event #: (b)(6)

Border Patrol Agent: _____ Supervisor: _____

Location of Border Patrol Agent: _____

I, (b)(6) declare and affirm that the following took place:

I came to the US from El Salvador because I was being harassed by gang members and was scared that they could kill me. I hardly left my house after dark because I was scared of what could happen to me. I came to reunite with my mother and to go to school. I was detained at the border in two hieleras for four days. I was very cold, hungry, and scared; the officers yelled in English a lot, and I did not understand what was happening to me. I was very quiet in the hieleras and never misbehaved. I never talked back to any officer. When I was leaving the hielera I was handcuffed at my waist, ankles, and wrists. I do not understand why I was shackled. I felt terrible; I felt like a criminal. The shackles were tight and hurt my ankles; it was very hard for me to walk. Once the plane was in the air they removed the shackles.

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge.

I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to the National Immigration Justice Center (NIJC).

(b)(6)

Signature

Date

28-05-2014

I, (b)(6) hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

(b)(6)

Signature

Date

05/23/2014

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

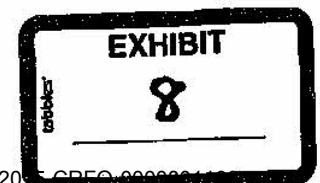
3. What happened?

(b)(6)

After being apprehended by immigration officials, (b)(6) not only had her mother's gold pendant necklace confiscated—but also her critically important asthma medication. Because of the detention center conditions, (b)(6) asthma became aggravated. In the first *hielera*, immigration officials squeezed 78 people into what (b)(6) describes as a “tiny room.” There was no room to lay down or rest. “We didn’t fit,” (b)(6) says. There was no privacy, even the bathroom, which was out in the open and had a camera located directly in front of it.

When (b)(6) had her first asthma attack in detention, she was told by guards that if she were faking the attack, she would be thoroughly punished. When (b)(6) finally received medical care, a doctor gave her another inhaler and pills. CBP officers again confiscated her medication and only permitted her to have access to her inhaler after she began to have a full blown asthma attack. She describes having multiple attacks during her detention. When she told officials she had not received food, officials told her to “suck it up” because she was “a no one in this country”. An official even said to her “It would have been better had you stayed in your country, you have no business coming here.”

4. Who treated you unfairly? Customs and Border Protection
5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No



My full and complete name is: (b)(6)

My assigned Alien number is: (b)(6)

I was detained by Border Patrol Agents at or near: Hidalgo, TX

I was detained by Border Patrol Agents on or about: April 17, 2014

My age at the time I was detained: 14 FINS #: _____

Event #: _____

Border Patrol Agent: _____ Supervisor: _____

Location of Border Patrol Agent: _____

I, (b)(6) declare and affirm that the following took place:

la comida era muy fea estaba congelada casi nadie se la comia solo me comia una manzana que daban y un poquito de jugo. no me la podia comer. El agua tenia cloro sabia bien fea nadie se la tomaba.

En la primera yelera era chiquita y eramos como 78 y no cabiamos casi y el baño era destapado no podiamos entrar porque avia una camara q se miraba el baño y no tenia privacidad.

En la segunda yelera era un pago grande aviamos como 80 casi ni cabiamos y era la misma comida congelada bien fea y solo daban una cobija de aluminio igual que en la primera.

El baño era destapado y avia una camara que se miraba no avia con q taparnos si entrabamos era muy fea.

Cuando me enferme le dije al policia y me dijo q me aguantara y despues me sacaron y me dijeron q si no tenia nada q me iban a castigar despues me llevaron al hospital me dieron

la medicina y me tubieron como 6 horas
ayr en el hospital despues me llebaran
dnde mismo y no me daban ni medicina mela
abian quitado y solo cuando me sentia muy
mal mela daban era muy fco el toato.
y cuando me trasladaron no me dieron una cadena
y un ania era de plata con un corazon de ora
y la cadena era de tres oras mi mamí me
las abia ~~dad~~ dado de recuerdo y no me
las devolvieron ademas de eso estaba muy brite
y me avian quitado el ignalador. y cuando pedia
comida me desian q ~~ni~~ me aguantara porq no era
nadie en este país y me dijeron q mejor
me ubiera quedado en mi país que no tenia
nada ~~de~~ que estava haciendo aqui

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to Esperanza Immigrant Rights Project of Catholic Charities, Los Angeles.

(b)(6)

Signature

05/12/14

Date

I, (b)(6) hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

N/A

Signature

Date



Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/12/14

Name:

DOB:

(b)(6)

A#:

(b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to file a complaint on my behalf with the Office of Civil Rights and Civil Liberties (CRCL) and the Office of the Inspector General (OIG). I understand that I may be contacted at the later date by either of these agencies to confirm the allegations set forth in my complaint. I understand that my filing this complaint will not negatively affect my immigration case, nor will it confer any legal immigration status on me or my dependents.

I understand that Esperanza may use my personal story in future advocacy surrounding this complaint, but that Esperanza will never use my name or any information that could be used to identify me publicly.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

Signature

Date

5/12/14



Department of Homeland Security (DHS)
Office for Civil Rights and Civil Liberties

Civil Rights Complaint

Fillable Version (last modified 3/15/2011)

The purpose of this form is to assist you in filing a civil rights/civil liberties complaint with the Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) regarding DHS programs and activities. This form is not intended to be used for complaints about employment with DHS. You are not required to use this form to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested in the form.

CRCL Mission:

The DHS Office for Civil Rights and Civil Liberties (CRCL) supports the Department as it secures the nation while preserving individual liberty, fairness, and equality under the law. We investigate claims of civil rights and civil liberties abuses, to help DHS improve protections and programs.

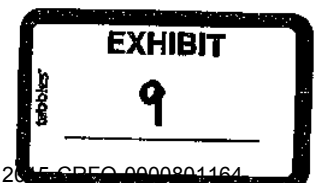
Do you have a DHS civil rights or civil liberties complaint? If you believe that DHS personnel or a DHS program or activity has violated your rights, we want to hear from you. Fill out this form, or write us an email or letter.

In connection with a DHS program, activity, or policy, have you experienced:

- Discrimination based on your race, ethnicity, national origin (including language proficiency), religion, gender, or disability? (Note: do not use this form to make a complaint about employment discrimination; see www.dhs.gov/eo.)
- Denial of meaningful access to DHS or DHS-supported programs, activities, or services due to limited English proficiency?
- Violation of your rights while in immigration detention or as a subject of immigration enforcement?
- Discrimination or inappropriate questioning related to entry into the United States?
- Violation of your right to due process, such as your right to timely notice of charges or access to your lawyer?
- Violation of the Violence Against Women Act's confidentiality requirements?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a DHS program or activity?

Notes on Confidentiality and Anonymity:

- A) You may remain anonymous by not filling in your name, below. However, CRCL may not be able to investigate your complaint unless you provide enough information to conduct an investigation.
- B) Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement at the end of this document. IF YOU CHECK THE BOX BELOW, WE WILL NOT DISCLOSE YOUR IDENTITY TO OTHER OFFICES, IN OR OUT OF DHS (unless it is necessary for investigation of criminal misconduct). Note, however, that this will in many situations make it very difficult or impossible, practically speaking, for us to investigate the allegations you raise.
- ☐ I do NOT want CRCL to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.
- C) Retaliation against complainants to CRCL is unlawful; if you feel you have been a victim of reprisal, CALL US. 1-866-644-8360.



Complaint Information

If you don't speak/write English, CRCL has access to interpreters and can talk to you in any language.

① **Information about the person who experienced the civil rights/civil liberties violation**

(fill in what you can)

Name: (b)(6) (b)(6) (b)(6)
First and Middle Last

Phone #: Cell: see attorney info below Home: Work:

Please note that we may contact you at the provided numbers.

Mailing Address: c/o National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

Date of Birth: Email (optional): see attorney info below

Alien Registration #. (if you have one and it's available): (b)(6)

☐ Check here if you are in detention now.

Which facility? Facility name Facility address

☒ Check here if you are represented by an attorney in this matter. If so please provide the attorney's name and contact information (b)(6) (see above)

② **Are you filling in this complaint form on behalf of another individual? If yes, please provide your information.**

Name: (b)(6) Associate Director of Litigation
First Last Job title

Organization (if any): National Immigrant Justice Center

Phone #: Cell: Home: Work: (312) 660-1308

Mailing Address: National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

③ **What happened?** Describe your complaint. Give as much detail about your experience as possible.
See attached.

Continue on an additional page, if needed.

When did this happen? If ongoing, please indicate when the problem began.

(If it happened on more than one date, list all dates):

See attached.

Where did this happen?

Place *(for example, name the detention facility, airport, other):* _____

City: near Hidalgo _____

State or Country: Texas _____

④ Who treated you unfairly?

An employee, contractor, or officer of *(check as many as apply):*

☐ Citizenship and Immigration Services (USCIS)

☒ Customs and Border Protection (CBP)*

☐ Customs Officer

☐ Border Patrol Agent

☐ Federal Emergency Management Agency (FEMA)

☐ Immigration and Customs Enforcement (ICE)

☐ Secret Service (USSS)

☐ Transportation Security Administration (TSA)*

☐ U.S. Coast Guard (USCG)

☐ Other DHS program *(specify)* :

☐ Not sure which DHS office

☐ Non-DHS employee working under the authority of DHS (e.g., 287g officer)

specify: _____

*If your complaint is about an incident at an airport, train station, or border crossing, you may also file a complaint with the Department of Homeland Security's Traveler Redress Inquiry Program (TRIP). TRIP and this Office will review your complaint together, resulting in a faster response. Go to: www.dhs.gov/trip.

⑤ List anyone else who may have seen or heard what happened.

(If you do not know their names, provide whatever details you can)

Names (or other information, e.g., agency): other unidentified witnesses _____

Mailing Address: _____

PO Box or Street address

City

State or Country

Zip

Phone No.: _____

Email: _____

Names (or other information, e.g., agency): _____

Mailing Address: _____

PO Box or Street address

City

State or Country

Zip

Phone No.: _____

Email: _____

Continue on an additional page, if needed.

- ⑥ Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?

☐ Yes: Agency/Office/Court _____ Date: _____

☒ No

If so, has anyone responded to your complaint?

☐ Yes ☐ No

If Yes, describe what has been done to respond to your complaint:

N/A

Continue on an additional page, if needed.

- ⑦ Is there any other information you want us to know about or consider?

Continue on an additional page, if needed.

- ⑧ If you are not proficient in English, please indicate the language in which you prefer we communicate with you.

Spanish

- ⑨ If you have problems understanding this form or any other question, contact CRCL:

E-mail: crcl@dhs.gov

Phone: Local: 202-401-1474 or

Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

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By U.S. Postal Service:

Department of Homeland Security

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245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

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You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.

COMPLAINT AFFIDAVIT

My full and complete name is:

(b)(6)

My assigned Alien number is:

(b)(6)

I was detained by Border Patrol Agents at or near: Hidalgo, TX

I was detained by Border Patrol Agents on or about: December 3, 2013

My age at the time I was detained: 14

FINS #:

Event #:

Border Patrol Agent:

Supervisor:

Location of Border Patrol Agent:

I, (b)(6) declare and affirm that the following took place:

I am 14 years old and am from Honduras. I left home to be reunited with my mom, step dad and two brothers. My mom left Honduras when I was two and half years old. I speak to her often but have not seen her since then. My two younger brothers are both United States Citizens. I was detained near Hidalgo, Texas when I tried to enter the U.S. to be with my family.

After crossing the Rio Bravo, I was walking with a group of other people by a road. A patrol car drove by us and stopped and asked us for our names and papers. I was taken to a hielera and I was there for almost one day. The next morning, the officers there then made me get in a van and I was taken to a different hielera for two days. I also was in one more hielera also for two days. In the hieleras we were given a small sandwich, an apple, and a juice cup three times a day. It was not much food so I was hungry. Also, they never turned the lights off so it was hard to sleep at all. There were about six of us in the same little room and we had to sleep on the floor without blankets. In the third hielera there was an officer who scared me. He said mean things and he would yell a lot. When we were going to the airport he told me and the other kids that he hoped our plane would crash. He made hand movements and noises to show the plane going up in the air and then crashing down. He also told us that we should be scared because we were going to have to get a lot of shots in our arms and that they were going to hurt a lot.

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. I authorize any agency or entity receiving this

complaint or a copy of this complaint to release any and all information about this complaint or its investigation to the National Immigration Justice Center (NIJC).

(b)(6)

[Redacted Signature]

Signature

5-28-2014

Date

I, (b)(6), hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

(b)(6)

[Redacted Signature]

Signature

5/28/14

Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

First

Last

Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

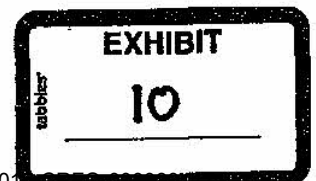
(b)(6)

(b)(6)

is a ten year old boy fleeing death threats by gangs in El Salvador. He was transferred between several "hieleras" after being apprehended by CBP. He was not given any water or food, although he was detained more than a day. (b)(6) can't be sure exactly how long he was detained because the lights in the holding cell were never turned off. He claims that the officers kept turning the temperature down so that they couldn't sleep. The CBP officers screamed at him; if any children in the holding cell tried to play with each other, the CBP officers took them outside and yelled at them. He wasn't provided with any personal hygiene items and the only bathroom available was in full view of the other detained children. His personal belongings were never returned to him.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/9/14

Name
DOB

(b)(6)

A#:

(b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to file a complaint on my behalf with the Office of Civil Rights and Civil Liberties (CRCL) and the Office of the Inspector General (OIG). I understand that I may be contacted at the later date by either of these agencies to confirm the allegations set forth in my complaint. I understand that my filing this complaint will not negatively affect my immigration case, nor will it confer any legal immigration status on me or my dependents.

I understand that Esperanza may use my personal story in future advocacy surrounding this complaint, but that Esperanza will never use my name or any information that could be used to identify me publicly.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

Date

5/9/14

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)
Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title
Organization: Esperanza Immigrant Rights Project
Phone #: Work: (213) 251-3535
Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) a seventeen year old girl, was in CBP custody for a total of eight days. She was held in three different detention centers. After being apprehended, (b)(6) was not given food or water for two days. Once she finally received water and food, the water was salted water, and the food made her ill. She was not given any medical treatment. She was forced to sleep in a very cold cell, and had trouble sleeping due to lights that were never turned off and the loud noises throughout the center. When (b)(6) asked for a blanket, the immigration officials yelled, "This isn't a hotel. You'll be how we want you to be." She was not allowed to use a restroom, nor was she given any personal hygiene items.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 05/22/14

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

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IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)
Signature

05/22/14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

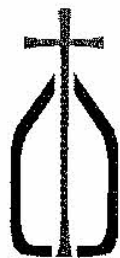
(b)(6)

(b)(6) was in CBP custody for a total of six days in more than one detention facility. (b)(6) was only given water with chlorine, as well as food that made her ill. While she was transported from one detention facility to another, she was put alongside many males. She felt that she was transported in a dangerous manner. The holding cells where she was kept were very cold. She had difficulty sleeping due to the lights and noise. (b)(6) was not given access to any restroom, nor was she given any personal hygiene items. CBP officials failed to return (b)(6) personal belongings, which had high sentimental value to her.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: May 15, 2014

Name: _____

DOB: _____

A#: _____

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to file a complaint on my behalf with the Office of Civil Rights and Civil Liberties (CRCL) and the Office of the Inspector General (OIG). I understand that I may be contacted at the later date by either of these agencies to confirm the allegations set forth in my complaint. I understand that my filing this complaint will not negatively affect my immigration case, nor will it confer any legal immigration status on me or my dependents.

I understand that Esperanza may use my personal story in future advocacy surrounding this complaint, but that Esperanza will never use my name or any information that could be used to identify me publicly.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY _____ (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

Signature

5 May 15, 2014
Date



Department of Homeland Security (DHS)
Office for Civil Rights and Civil Liberties

Civil Rights Complaint

Fillable Version (last modified 3/15/2011)

The purpose of this form is to assist you in filing a civil rights/civil liberties complaint with the Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) regarding DHS programs and activities. This form is not intended to be used for complaints about employment with DHS. You are not required to use this form to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested in the form.

CRCL Mission:

The DHS Office for Civil Rights and Civil Liberties (CRCL) supports the Department as it secures the nation while preserving individual liberty, fairness, and equality under the law. We investigate claims of civil rights and civil liberties abuses, to help DHS improve protections and programs.

Do you have a DHS civil rights or civil liberties complaint? If you believe that DHS personnel or a DHS program or activity has violated your rights, we want to hear from you. Fill out this form, or write us an email or letter.

In connection with a DHS program, activity, or policy, have you experienced:

- Discrimination based on your race, ethnicity, national origin (including language proficiency), religion, gender, or disability? (Note: do not use this form to make a complaint about employment discrimination; see www.dhs.gov/eeo.)
- Denial of meaningful access to DHS or DHS-supported programs, activities, or services due to limited English proficiency?
- Violation of your rights while in immigration detention or as a subject of immigration enforcement?
- Discrimination or inappropriate questioning related to entry into the United States?
- Violation of your right to due process, such as your right to timely notice of charges or access to your lawyer?
- Violation of the Violence Against Women Act's confidentiality requirements?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a DHS program or activity?

Notes on Confidentiality and Anonymity:

- A) You may remain anonymous by not filling in your name, below. However, CRCL may not be able to investigate your complaint unless you provide enough information to conduct an investigation.
- B) Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement at the end of this document. IF YOU CHECK THE BOX BELOW, WE WILL NOT DISCLOSE YOUR IDENTITY TO OTHER OFFICES, IN OR OUT OF DHS (unless it is necessary for investigation of criminal misconduct). Note, however, that this will in many situations make it very difficult or impossible, practically speaking, for us to investigate the allegations you raise.
- ☐ I do NOT want CRCL to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.
- C) Reprisal against complainants to CRCL is unlawful; if you feel you have been a victim of reprisal, CALL US. 1-866-644-8360.

EXHIBIT

16

tabbies

2015-08-09 09:00:00 1477

Complaint Information

If you don't speak/write English, CRCL has access to interpreters and can talk to you in any language.

① **Information about the person who experienced the civil rights/civil liberties violation**
(fill in what you can)

Name: (b)(6) (b)(6) (b)(6)
First and Middle Last

Phone #: Cell: see attorney info below Home: Work:

Please note that we may contact you at the provided numbers.

Mailing Address: c/o National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

Date of Birth: Email (optional): see attorney info below

Alien Registration #: (if you have one and it's available): (b)(6)

☐ Check here if you are in detention now.

Which facility? c/o ORR Custody, 4822 N. Broadway, Chicago, IL 60640
Facility name Facility address

☒ Check here if you are represented by an attorney in this matter. If so please provide the attorney's name and contact information (b)(6) (see above)

② **Are you filling in this complaint form on behalf of another individual?** If yes, please provide your information.

Name: (b)(6) Associate Director of Litigation
First Last Job title

Organization (if any): National Immigrant Justice Center

Phone #: Cell: Home: Work: (312) 660-1308

Mailing Address: National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

③ **What happened?** Describe your complaint. Give as much detail about your experience as possible.
See attached.

Continue on an additional page, if needed.

When did this happen? If ongoing, please indicate when the problem began.

(If it happened on more than one date, list all dates):

See attached.

Where did this happen?

Place (for example, name the detention facility, airport, other): Detention Facility

City: near Hidalgo

State or Country: Texas

④ Who treated you unfairly?

An employee, contractor, or officer of (check as many as apply):

☐ Citizenship and Immigration Services (USCIS)

☒ Customs and Border Protection (CBP)*

☐ Customs Officer

☐ Border Patrol Agent

☐ Federal Emergency Management Agency (FEMA)

☐ Immigration and Customs Enforcement (ICE)

☐ Secret Service (USSS)

☐ Transportation Security Administration (TSA)*

☐ U.S. Coast Guard (USCG)

☐ Other DHS program (specify): _____

☐ Not sure which DHS office

☐ Non-DHS employee working under the authority of DHS (e.g., 287g officer) specify: _____

*If your complaint is about an incident at an airport, train station, or border crossing, you may also file a complaint with the Department of Homeland Security's Traveler Redress Inquiry Program (TRIP). TRIP and this Office will review your complaint together, resulting in a faster response. Go to: www.dhs.gov/trip.

⑤ List anyone else who may have seen or heard what happened.

(If you do not know their names, provide whatever details you can)

Names (or other information, e.g., agency): other unidentified witnesses

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Names (or other information, e.g., agency): _____

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Continue on an additional page, if needed.

- ⑥ Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?

☐ Yes: Agency/Office/Court _____ Date: _____

☒ No

If so, has anyone responded to your complaint?

☐ Yes ☐ No

If Yes, describe what has been done to respond to your complaint:

N/A

Continue on an additional page, if needed.

- ⑦ Is there any other information you want us to know about or consider?

Continue on an additional page, if needed.

- ⑧ If you are not proficient in English, please indicate the language in which you prefer we communicate with you.

Spanish

- ⑨ If you have problems understanding this form or any other question, contact CRCL:

E-mail: crcl@dhs.gov

Phone: Local: 202-401-1474 or

Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

Toll Free TTY: 866-644-8361

Fax: 202-401-4708

By U.S. Postal Service:

Department of Homeland Security

CRCL/Compliance Branch

245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

Note: Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

- ⑩ To submit this form by email, please save, attach, and send to crcl@dhs.gov. Please attach or send all information that supports your complaint, such as documents, photos, medical records, grievances, or witness statements.

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 202-401-4708, or email scans of your documents to crcl@dhs.gov, or mail to the address listed above.)

Keep a copy of this complaint for your records.

Privacy Act Statement

Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, the Office for Civil Rights and Civil Liberties (CRCL) is authorized to investigate complaints and information from the public about possible violations of civil rights or civil liberties related to DHS employees, programs, or activities. A federal law, called the Privacy Act, says we must explain how we protect your information while processing your complaint.

If your complaint is more appropriately handled by a different federal office, we will refer it to that office. In order to investigate your complaint, CRCL will disclose the information regarding your complaint to other appropriate DHS offices, including the Office of the Inspector General. CRCL may also disclose certain information from your complaint if we are required by law to do so or if there is no privacy impact. For example, we send reports to Congress every three months about complaints submitted by the public. Those reports describe the **types** of complaints, and **do not include personal information**. To read our past reports, go to www.dhs.gov/crcl.

To learn more about the Privacy Act go to the Federal Information Center, www.pueblo.gsa.gov.

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.

COMPLAINT AFFIDAVIT

My full and complete name is: (b)(6)
My assigned Alien number is: (b)(6)
I was detained by Border Patrol Agents at or near: Hidalgo, Texas
I was detained by Border Patrol Agents on or about: May 9, 2014
My age at the time I was detained: 15 FINS #: (b)(6)
Event #: (b)(6)
Border Patrol Agent: Supervisor:
Location of Border Patrol Agent:

I, (b)(6) declare and affirm that the following took place:

I was detained at the border around May 9, 2014. I traveled from Guatemala with my two-year old son, (b)(6) I came to the United States in search of a better life. (b)(6) father has not provided for him and he does not try to see his son. Most of my immediate family is here in the United States and I came because I know here I will have their support. I have no one back in Guatemala who can be there for me and (b)(6) I was in the first facility for about a day. In the second *hielera* I was there around seven days. Just thinking about this place makes me shiver and feel nausea.

It was difficult to tell time but I can approximate how many days based on the times we were given meals. Our scheduled meals always took place at approximately 6am, 1pm, and 6pm. The meals were always the same, bologna sandwiches, apples and juice. The sandwich was just not good and it was cold. I did not like the bologna and when I asked the officer to just give me the bread because the smell of the bologna made me sick they told me they could not do that. I mainly ate the apples and the juice and nothing else while I was there.

We would sleep on the hard floor and when I asked for blankets they would not provide me one. They did give me a space blanket, which everyone referred to as the aluminum blankets, but they were not enough for the cold.

I also would ask the officer to allow me to call my family but they would tell me "today is not a day to make calls." Some other people were allowed to make calls but I was not.

The bathrooms were very dirty. Although there were custodians that came in to clean the bathrooms, those of us who were detained had to also clean them. It smelled really bad.

Most of the time I was provided with diapers for my son but there were two times when I ran out and my son needed changing and it took hours for the officers to provide me diapers. I had to keep knocking and telling them I needed them.

In that second *hielera* an officer would scream at us if we complained. He would say it was not his fault we were having a bad time. He would ask us "what are you looking for in the United States? No one told you to come here." I was scared but I know I had to just accept it.

By the third day in this second *hielera* the cold was getting to me and I started feeling sick. I would knock on the door so that officers would come and I would ask them to give me medicine to feel better but they ignored me or they would tell me that they did not have any medicine there and could not provide me anything. (b)(6) also started getting very sick and by the fifth day or so he had developed a fever. It was not until a female officer heard my pleas that they took us to the hospital. After the hospital, we returned to another facility for just about an hour. We then took a bus to an airport and a plane that took us to Chicago.

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. **I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to the National Immigration Justice Center (NIJC).**

(b)(6)

Signature

5/27/14

Date

I, (b)(6), hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

(b)(6)

Signature

5/27/14

Date



Department of Homeland Security (DHS)
Office for Civil Rights and Civil Liberties

Civil Rights Complaint

Fillable Version (last modified 3/15/2011)

The purpose of this form is to assist you in filing a civil rights/civil liberties complaint with the Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) regarding DHS programs and activities. This form is not intended to be used for complaints about employment with DHS. You are not required to use this form to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested in the form.

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Do you have a DHS civil rights or civil liberties complaint? If you believe that DHS personnel or a DHS program or activity has violated your rights, we want to hear from you. Fill out this form, or write us an email or letter.

In connection with a DHS program, activity, or policy, have you experienced:

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- Denial of meaningful access to DHS or DHS-supported programs, activities, or services due to limited English proficiency?
- Violation of your rights while in immigration detention or as a subject of immigration enforcement?
- Discrimination or inappropriate questioning related to entry into the United States?
- Violation of your right to due process, such as your right to timely notice of charges or access to your lawyer?
- Violation of the Violence Against Women Act's confidentiality requirements?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a DHS program or activity?

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☐ I do NOT want CRCL to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.
- C) Reprisal against complainants to CRCL is unlawful; if you feel you have been a victim of reprisal, CALL US. 1-866-644-8360.

EXHIBIT

17

Complaint Information

If you don't speak/write English, CRCL has access to interpreters and can talk to you in any language.

① Information about the person who experienced the civil rights/civil liberties violation

(fill in what you can)

Name: (b)(6) (b)(6) (b)(6)
First and Middle Last

Phone #: Cell: see attorney info below Home: Work:

Please note that we may contact you at the provided numbers.

Mailing Address: c/o National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

Date of Birth: Email (optional): see attorney info below

Alien Registration #: (if you have one and it's available): (b)(6)

☐ Check here if you are in detention now.

Which facility? Facility name Facility address

☒ Check here if you are represented by an attorney in this matter. If so please provide the attorney's name and contact information (b)(6) see above

② Are you filling in this complaint form on behalf of another individual? If yes, please provide your information.

Name: (b)(6) Associate Director of Litigation
First Last Job title

Organization (if any): National Immigrant Justice Center

Phone #: Cell: Home: Work: (312) 660-1308

Mailing Address: National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

③ What happened? Describe your complaint. Give as much detail about your experience as possible.
See attached.

Continue on an additional page, if needed.

When did this happen? If ongoing, please indicate when the problem began.

(If it happened on more than one date, list all dates):

See attached.

Where did this happen?

Place *(for example, name the detention facility, airport, other)*: _____

City: near McAllen State or Country: Texas

④ Who treated you unfairly?

An employee, contractor, or officer of *(check as many as apply)*:

- | | |
|--|---|
| <input type="checkbox"/> Citizenship and Immigration Services (USCIS) | <input type="checkbox"/> Not sure which DHS office |
| <input checked="" type="checkbox"/> Customs and Border Protection (CBP)* | <input type="checkbox"/> Non-DHS employee working under the authority |
| <input type="checkbox"/> Customs Officer | of DHS (e.g., 287g officer) |
| <input type="checkbox"/> Border Patrol Agent | specify: _____ |
| <input type="checkbox"/> Federal Emergency Management Agency (FEMA) | |
| <input type="checkbox"/> Immigration and Customs Enforcement (ICE) | |
| <input type="checkbox"/> Secret Service (USSS) | |
| <input type="checkbox"/> Transportation Security Administration (TSA)* | |
| <input type="checkbox"/> U.S. Coast Guard (USCG) | |
| <input type="checkbox"/> Other DHS program <i>(specify)</i> : | |

*If your complaint is about an incident at an airport, train station, or border crossing, you may also file a complaint with the Department of Homeland Security's Traveler Redress Inquiry Program (TRIP). TRIP and this Office will review your complaint together, resulting in a faster response. Go to: www.dhs.gov/trip.

⑤ List anyone else who may have seen or heard what happened.

(If you do not know their names, provide whatever details you can)

Names (or other information, e.g., agency): other unidentified witnesses

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Names (or other information, e.g., agency): _____

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Continue on an additional page, if needed.

- ⑥ Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?

☐ Yes: Agency/Office/Court _____ Date: _____
☒ No

If so, has anyone responded to your complaint?

☐ Yes ☐ No

If Yes, describe what has been done to respond to your complaint:

N/A

Continue on an additional page, if needed.

- ⑦ Is there any other information you want us to know about or consider?

Continue on an additional page, if needed.

- ⑧ If you are not proficient in English, please indicate the language in which you prefer we communicate with you.

Spanish _____

- ⑨ If you have problems understanding this form or any other question, contact CRCL:

E-mail: crcl@dhs.gov

Phone: Local: 202-401-1474 or

Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

Toll Free TTY: 866-644-8361

Fax: 202-401-4708

By U.S. Postal Service:

Department of Homeland Security

CRCL/Compliance Branch

245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

Note: Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

- ⑩ To submit this form by email, please save, attach, and send to crcl@dhs.gov. Please attach or send all information that supports your complaint, such as documents, photos, medical records, grievances, or witness statements.

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 202-401-4708, or email scans of your documents to crcl@dhs.gov, or mail to the address listed above.)

Keep a copy of this complaint for your records.

Privacy Act Statement

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If your complaint is more appropriately handled by a different federal office, we will refer it to that office. In order to investigate your complaint, CRCL will disclose the information regarding your complaint to other appropriate DHS offices, including the Office of the Inspector General. CRCL may also disclose certain information from your complaint if we are required by law to do so or if there is no privacy impact. For example, we send reports to Congress every three months about complaints submitted by the public. Those reports describe the **types** of complaints, and **do not include personal information**. To read our past reports, go to www.dhs.gov/crcl.

To learn more about the Privacy Act go to the Federal Information Center, www.pueblo.gsa.gov.

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.

COMPLAINT AFFIDAVIT

My full and complete name is: (b)(6)

My assigned Alien number is: (b)(6)

I was detained by Border Patrol Agents at or near: McAllen, Texas

I was detained by Border Patrol Agents on or about: April 24, 2014

My age at the time I was detained: 15 FINS #: N/A

Event #: N/A

Border Patrol Agent: Unknown Supervisor: Unknown

Location of Border Patrol Agent: Unknown

I, (b)(6) declare and affirm that the following took place:

I was apprehended by CBP around April 24, 2014 near McAllen, Texas. I was then taken to a cell with other minors called a hielera. I was in a cell with around 36 other minors. The officers there were mean to us and they yelled at us to be quiet, even though no one was talking loudly. One officer yelled and said that this was his country and he's in charge. He yelled this in Spanish two times. He had dark hair and lots of tattoos on his hands. I also saw him make kids stand up against a wall for a long time as a punishment. I was in the hieleras for around four days. After that, I was three-point shackled on the way to a shelter in Chicago for around three hours. All of the kids my age were shackled as well. The shackles were too tight around my ankles and they hurt me. I felt like my feet were burning from the pain. I told the officers that the shackles were too tight, but they just told me that they were fine and that I had to deal with it. They didn't adjust them.

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. **I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to the National Immigration Justice Center (NIJC).**

(b)(6)

Signature

6/9/2014

Date

I, (b)(6), hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

(b)(6)

6/9/2014

Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

First

Last

Program Director

Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) was apprehended by CBP after crossing the Rio Grande and placed in the cold *hielera* in wet clothes that, due to the frigidity of the cell, remained wet for the three and a half days she was detained. The only water (b)(6) was able to drink came from the toilet tank in her holding cell. She could not sleep at night because the holding cell was so cold, the lights were not turned off and officials frequently woke the detainees whenever they tried to sleep. No toiletries were provided and the bathroom was situated in plain view of all other detainees with a camera located in front of it.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No

EXHIBIT

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Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/16/14

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to file a complaint on my behalf with the Office of Civil Rights and Civil Liberties (CRCL) and the Office of the Inspector General (OIG). I understand that I may be contacted at the later date by either of these agencies to confirm the allegations set forth in my complaint. I understand that my filing this complaint will not negatively affect my immigration case, nor will it confer any legal immigration status on me or my dependents.

I understand that Esperanza may use my personal story in future advocacy surrounding this complaint, but that Esperanza will never use my name or any information that could be used to identify me publicly.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

Signature

5/16/14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)
Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

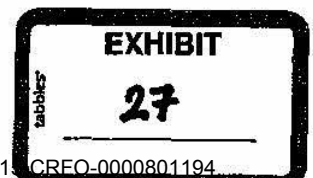
Name: (b)(6) Program Director
First Last Job title
Organization: Esperanza Immigrant Rights Project
Phone #: Work: (213) 251-3535
Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) experienced a traumatic four days in CBP custody. A CBP officer called her a liar when she said she was fifteen years of age and said she must be twenty five years old. The same official asked her if she came from a wealthy background in El Salvador because her teeth were nice. He also asked why she had come to the US. While in the "hielera," she had no idea what time of day it was because the lights were left on. When she told an official that the water given to her tasted of chlorine, the response was "stupid girl, if you don't like the water put your hands in the bathroom sink and drink from there." She and other detainees later asked for blankets and they were told, "You sluts, why did you come to the US? This is not a five star hotel. Like it or not, you are in another country that is not your country. You are detained. Poor sluts, you think because you came to this country you think we are going to treat you well?" (b)(6) was not fed for a day after she was apprehended. When (b)(6) and the other detained girls told the CBP officers they were hungry, their response was "[expletive] we don't sell food here." Instead of providing food, one of the CBP officers came into their holding cell and ate a snickers bar in front of them, saying "look sluts, look at me eat, hopefully when you are transferred above the ocean the plane will crash and you will all die." The officers called her and the other child detainees "sluts, parasites, and dogs." (b)(6) and the other minors were woken by officials every 30 minutes if they tried to sleep. CBP officers pressured (b)(6) to sign her own deportation, telling her that she would be deported anyway. They also told her they would prove she was twenty five and not fifteen. (b)(6) was not allowed to shower while in CBP custody, and was transported in three-point shackles, which she describes as being painfully tight.

4. Who treated you unfairly? Customs and Border Protection
5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No



My full and complete name is: _____

My assigned Alien number is: _____

I was detained by Border Patrol Agents at or near: _____

I was detained by Border Patrol Agents on or about: _____

My age at the time I was detained: _____ FINS #: _____

Event #: _____

Border Patrol Agent: _____

Supervisor: _____

Location of Border Patrol Agent: _____

I, _____, declare and affirm that the following took place:

Cuando me detuvieron cruzando el rio un Senor de Immigration
pregunto q hacia donde iramos yo venia con
3 menores mas y un adulto luego nos llevaron a
una hielera ahi me preguntaron q si que edad tenia
yo dije que 15 años y me dijeron q porq mentia
q yo tenia 25 q porq tenia mi dentadura arreglada
q si mis papas tenian dinero en El Salvador
y porq abia venido aqui a E.E.U.U que les dijera la
verdad de mi edad luego nos hicieron toda la
entrevista y me dijeron q si tenia tatuajes
o q si si venia a este pais.
Luego de esa entrevista estube adentro de la hielera
estaba muy frio y no me dejaron tener mi
Sweater estube quizo un dia ahi y no me dieron
de comer dormi en el suelo y con las luces
encendidas no sabia q hora era me llevaron
luego a otra hielera dormi en el suelo tambien
nunca a pagaron la luz y solo me dieron un
jugo pequeno un Sandwich con mortadella y la
mortadella estaba congelada. yo le dije a un oficial
q el agua estaba fed q hacia mucho olor
y dijo "Estupida sino te gusta esa agua pon

lavo mis manos en el baño y de ahí tomo agua fría.
Luego pedían cobijas porque estaba muy frío y
dijeron que cada una tenía una perra para que viniera
aquí este no es un hotel 5 estrellas te gusta o no
por andar en otro país que no es el tuyo estás
detenida pobres perras maltratadas piensan que
vienen a nuestro país y las vamos a tratar
bien dijo. Luego nos acomodaban a la ventana
y decían que tenían hambre y nos daban maltratos
dijo no hay comida de verdad. no me dejaron hablar con
mi familia. estuve casi 4 días y no me dejaron
ni bañarme ni cepillarme ni comprar algo de comer
y había una máquina ahí luego pasaban a dar un golpe
fuerte y si veían que estábamos durmiendo no podíamos dormir cada
media hora pasaban lista y no dormíamos uno de ellos se comía un choco-
late sneaky y decía mira como como perras pero jalá las y cuando van
por el mar el mar hable el avión y se queden ahí muertas maltratadas

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to Esperanza Immigrant Rights Project of Catholic Charities, Los Angeles.

(b)(6)

Signature

05/27/14

Date

I, _____, hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

N/A

Signature

Date

My full and complete name is: _____

My assigned Alien number is: _____

I was detained by Border Patrol Agents at or near: _____

I was detained by Border Patrol Agents on or about: _____

My age at the time I was detained: _____ FINS #: _____

Event #: _____

Border Patrol Agent: _____ Supervisor: _____

Location of Border Patrol Agent: _____

I, (b)(6) declare and affirm that the following took place:

Continuando decia q1 ojala y nos calleramos por las esposas q1 teniamos decia q1 ojala y yano vinieran mas mierdas y parasitos como nosotros 2 cu pws porq1 no serviamos para nada y cuando nos pusieron las esposas las pusieron bien apretadas y nos decian q1 nos hivan a deportar q1 firmara la deportacion me dio el q1 mas mal me trato porq1 decia vames a comprobar q1 tenes 25 años y luego cuando me llevaron a Chicago y nos fueron a recoger y regresamos a la nielera djo volvieran a las perras hyasolo puta porq1 no las tiraron al mar djo al siguiente dia nos ^{deportaron} a llevar y entonsesi nos recibieron en chicago. ahi tambien venian 2 embarazadas y les trataban igual les pusiero igual de apretadas las esposas a una de las q1 cruzo el rio con migo le dyeron q1 a ella la van a deportar y a su sobrina la van a dejar aca y luego le dio como ataques y dentro una oficial y djo solo esta fingiendo

y no la llevaron al hospital. Una muchacha de las
q' habia ahi fue violada por un señor de migracion
ello cuando la revisaron traia moretes en sus
pechos y espalda ella dijo q' saque pero mintio
porq' penso q' ahi era migracion tambien y
no queria decir luego la llevaron a un centro
con mucha disonancia psicologica xq' ella estaba
muy maltenida 16 años y nos dello ver
como lloraba y contaba lo q' sucedio y fueron
el desierto xq' ella se encontro con migracion
cuando cruzaba se metio en una cueva y ahi
la vio el señor de migracion luego cuando
pasaba x donde ella le decia q' se callara le
hacia señas.

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to Esperanza Immigrant Rights Project of Catholic Charities, Los Angeles.

N/A

Signature

Date

I, _____, hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

N/A

Signature

Date



Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/27/14

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

5/27/14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

First

Last

Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) was abandoned by both parents and lived alone from a young age, working twelve-hour shifts for very little money in order to feed himself. As a child with no parents and no adult protection, gangs tried to force (b)(6) into the drug trade; when he refused, they threatened to kill him. (b)(6) witnessed the gang murder another individual and fled. After he was apprehended at the border, he was detained in two different hieleras. He did not receive enough food or water. Immigration officials told him he had to clean the toilet and pick up garbage if he wanted to receive any food. The hielera was very cold and he only had one solar blanket to keep warm. He had to use the same blanket to cover himself when he went to the restroom as it was in plain view of all the others. He had a fever and asked for medicine, but never received medical attention.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DIIS component or other federal, state, or local government agency or court about this complaint? No

EXHIBIT

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